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OIMS DPDA

1. File Number U - <u>7280</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing.  Name <u>ERIC</u> <u>L</u> <u>HENRY</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>140 South Marks Way</u>  City <u>Orange</u>  State <u>California</u> ZIP Code + 4 <u>92868-2698</u>	4. Name, file number, and address of labor organization.  Name <u>Teamsters Local 952</u>  Labor Organization File Number <u>034-503</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>140 South Marks Way</u>  City <u>Orange</u>  State <u>California</u> ZIP Code + 4 <u>92868-2698</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>7.a. Nature of Interest, Transaction, or Income.</b>  <div style="border: 1px solid black; height: 150px;"></div>  <b>7.b. Amount.</b>  <div style="border: 1px solid black; width: 200px; margin-left: auto; margin-bottom: -20px;"></div>

Signed Eric L. Henry

Date \_\_\_\_\_

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Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="DMC"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 757"/></p> <p>Street <input style="width: 80%;" type="text" value="6601 Koll Center Parkway, Suite 240"/></p> <p>City <input style="width: 80%;" type="text" value="Pleasanton"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94566"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Labor Alliance Managed Trust"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 757"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text" value="Pleasanton"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94566"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             administrator of health welfare benefits for labor organization's employees and for employees the labor organization represents           </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$4,000,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             Christmas Party           </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$100"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 150px;" type="text"/></p>